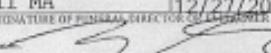


CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD

Darlene Annalise Holsfield ATTEST: REGISTRAR

VS-4ME 4/04 STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF DEATH OFFICE OF THE CHIEF MEDICAL EXAMINER		STATE FILE NUMBER
I. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)		J. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		K. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Post Mortem) December 14, 2012
Adam Peter Lanza				L. ACTUAL OR PRESUMED TIME OF DEATH 11:00 AM
3. AGE AT DEATH 20	4. DEATH DATE (MM/DD/YYYY) Mo. Day Month Year April 22 1992	5. BIRTHPLACE (City, State or Foreign Country) Exeter NH		
6. RESIDENCE-STATE Connecticut		7. RESIDENCE-COUNTY Fairfield		8. RESIDENCE-CITY/TOWN Newtown
12. RESIDENCE-ADDRESS 36 Yogananda St		13. APARTMENT #	14. ZIP CODE 06470	15. EVER IN US ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. FATHER'S NAME (First, Middle, Last) Peter Lanza		17. MARRITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		18. SURVIVING SPOUSE'S NAME (if wife, give maiden name) N/A
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		20. MOTHER'S ADDRESS Nancy Champion		
21. INFORMANT'S NAME Peter Lanza		22. INFORMANT'S RELATIONSHIP TO DECEDENT Father		23. MAILING ADDRESS 100 Bartina Ln Stamford CT 06902
24. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Death At Home		25. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Doctor's Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Public School <input type="checkbox"/> Doctor's Home <input type="checkbox"/> Other Location		26. FACILITY NAME IF NOT HOSPITAL, giv street & number 12 Dickinson Drive
27. CITY OR TOWN OF DEATH & ZIP CODE SANDY HOOK 06482		28. COUNTY OF DEATH FAIRFIELD		29. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Embalming <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)
30. DISPOSITION (Name of cemetery, cemetery, other place) Linwood Crematory		31. LOCATION (City/town) Haverhill MA		32. WAS BODY EMBALMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Name of Embalmer 12/27/2012
33. FINANCIAL PAYOR: Name and Address (Street, City, State, Zip Code) Hartford Trade Service 06708 623 Main St East Hartford CT		34. SIGNATURE OF FINANCIAL DIRECTOR OR CUSTODIAN 		35. LICENSE NUMBER OF AUTOMOBILE BY BOX 34 2698
36. CASE NUMBER 12-17618		37. DATE PROclaimed DEAD (MM/DD/YYYY) 12/14/2012		38. TIME PROCLAIMED 11:00 AM
39. CAUSE OF DEATH Reported by law enforcement if yes, leading to the cause listed on Line 44. Enter the UNDERLYING CAUSE disease or injury that initiated the events resulting in death LAST		40. TIME OF DEATH Due to (or as a consequence of): a) _____ Due to (or as a consequence of): b) _____ Due to (or as a consequence of): c) _____ Due to (or as a consequence of):		
41. PART II. Enter other significant conditions not leading to death but not resulting in the underlying cause given in PART I.		42. IF FEMALE <input type="checkbox"/> Not pregnant within one year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 45 days of death		
43. MANNER OF DEATH (Natural, Homicide, Accidental, Suicide, Undetermined/Unk-1) Suicide		44. DATE OF INJURY December 14, 2012	45. TIME OF INJURY AM	46. PLACE OF INJURY (Indicate if Injury Occurred at Work) School, Primary or 47. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
48. LOCATION OF INJURY (Street, Apt #, City or Town, State, Zip Code) 12 Dickinson Dr., Sandy Hook, CT		49. DESCRIBE HOW INJURY OCCURRED: Self Inflicted		
50. CERTIFIER: Under oath of examination, enter his signature, his name as recorded at the time of certification, and his title and license number H. Wayne Carver, II, M.D.		51. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)		
52. CERTIFIER: Under oath of examination, enter his signature, his name as recorded at the time of certification, and his title and license number H. Wayne Carver, II, M.D.		53. MAILING-CERTIFIER: Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939		
54. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed as the time of death <input type="checkbox"/> 6th grade or less <input type="checkbox"/> 9-12th grade, no diploma <input checked="" type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		55. INCIDENT OF ESPANA: ORIGIN <input type="checkbox"/> Yes, Non Spanish/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes other Spanish/Latino (Specify) _____		
56. DECEDENT'S USUAL OCCUPATION Never worked		57. MEDIUM OF BUSINESS/INDUSTRY N/A		SOCIAL SECURITY NUMBER